

1. Please print or type: (Please complete a separate form for EACH registrant.)

Name _____
 (Please print or type name exactly as you wish it to appear on name badge)

E-mail _____

Company/Agency _____

Mailing Address _____

City, State, Zip _____

Phone _____ Fax _____

2. Please check all that apply: Fee Amount Enclosed

- | | |
|---|---------------------------|
| <input type="checkbox"/> Basic Three-Day Registration (April 4 - 7) | \$160 per person \$ _____ |
| (Group discount for 10 or more) | \$145 per person |
| Single Day Registration <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri | \$85 per person \$ _____ |
| <input type="checkbox"/> Four-Day Registration (April 4 - 7) | \$235 per person \$ _____ |
| (Group discount for 10 or more) | \$210 per person |
| <input type="checkbox"/> Late Fee (Postmarked March 15, 2006 or after) | \$25 per person \$ _____ |
| <input type="checkbox"/> Purchase Order Fee | \$10 per person \$ _____ |

3. Payment:

Check # _____ Amount \$ _____ All checks make payable to: VEMA Fed ID # 54-1224547

Charge (check one): ☐ Mastercard ☐ VISA ☐ AmEx

Card # _____

Billing Address, Zipcode (required) _____

Signature _____ Exp. Date _____

Purchase Order (\$10 per person fee. Purchase order must be included with registration form!)

P.O. # _____ Amount \$ _____ Contact _____ Phone _____

4. Return completed registrations to: VEMA c/o Conventions Plus, 6107 Windsor Blvd., Zuni, VA 23898

You can also register on-line at www.convplus.com and receive conference updates and notices at the site.

5. Cancellations/Refunds: Cancellation requests for refunds must be made in writing by March 15, 2006.

You may substitute your registration for another person who is not already registered.

6. Questions may be referred to Mary Powell at E-mail: ConventionsPlus@charter.net or (757) 242-3692, fax (757) 242-3674

(All registration confirmations will be sent via E-mail to the address listed)